Memorial Hospital

DATE

IMPRINT WITH PATIENT CHARGE PLATE

SUPPLEMENTAL ANESTHESIA RECORD

Page ____ of ____

O2 L / MIN
N2O / AIR L / MIN
A I / S / D
Propofol / STP (mg)
Succinylcholine (mg)
Rocuronium (mg)
Midazolam (mg)
Fentanyl (mcg)
_____
_____
_____

TIME:

200
180
160
140
120
100
80
IESP:
60
40
20
MD

POSITION
KG
_____
FiO2
SaO2%
ETCO2 torr.
TEMP ° C / F
_____
_____
_____
FLUIDS: (ml)
_____
BLOOD: (ml)
BLOOD LOSS: (ml)
URINE OUTPUT: (ml)

COMMENTS:

Relief 1: Start Time _____ End Time _____
Signature _____

Relief 2: Start Time _____ End Time _____
Signature _____